Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			98					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			98 mi	nus 20=	*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			// m	inus 3 =	*			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "(r "0" in (column 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
							L	TOTAL			TOTAL	
		,	ADDIT. FEE		JOI 1	ADDIT. FEE						
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		PREVI	IEST IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	*
	Independent	*	Minus	***	T OL AIN	=		X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=			X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDE				T CLAIN	A 🔲]	+140=		OR		1
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nur	nber Previously Pa	aid For" (Total	or Independ	dent) is th	ne highest numbe	er foi	and in the ap	propriate bo	x in co	lumn 1.	